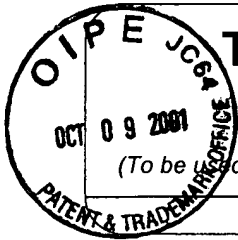


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# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/450,073
Filing Date	November 29, 1999
First Named Inventor	Orest W. Blaschuk
Group Art Unit	1653
Examiner Name	Avis M. Davenport
Attorney Docket No.	100086.405C2

TECH CENTER 1600/2900

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## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <u>Remarks After Allowance</u> <u>Copy of IDS, PTO-1449 (3 pages)</u> <u>Copy of Return Postcard With PTO-Date Received Stamp</u> <u>Copy of Notice of Allowance</u>
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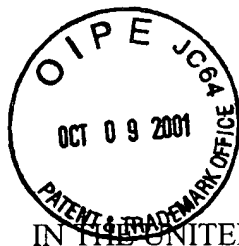
Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	William T. Christiansen, Ph.D.	 00500 PATENT TRADEMARK OFFICE
Signature		
Date	October 3, 2001	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Box Issue Fee, Commissioner for Patents, Washington, D.C. 20231 on the date specified below.		
Typed or printed name	Judith A. Breaks	
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Applicants : Orest W. Blaschuk et al.  
Application No. : 09/450,073  
Filed : November 29, 1999  
For : COMPOUNDS AND METHODS FOR CANCER THERAPY

Examiner : Avis M. Davenport  
Art Unit : 1653  
Batch No. : I95  
Date of Notice  
of Allowance : July 11, 2001  
Docket No. : 100086.405C2  
Date : October 3, 2001

Box Issue Fee  
Commissioner for Patents  
Washington, DC 20231

REMARKS AFTER ALLOWANCE

(UNDER 37. C.F.R. § 1.312)

Commissioner for Patents:

In response to the Notice of Allowance dated July 11, 2001, applicants note that they have not received acknowledgement of any of the references on the Information Disclosure Statement filed on August 22, 2000. We have been in contact with the Examiner in this matter by telephone, e-mail and facsimile.

Applicants submit herewith copies of the Information Disclosure Statement, Form PTO-1449, and the return postcard showing PTO date received stamp for the Examiner's acknowledgment of consideration.

Should the Examiner need further assistance, please feel free to contact us at (206)  
622-4900.

Respectfully submitted,

Orest W. Blaschuk et al.

Seed Intellectual Property Law Group PLLC

A handwritten signature in black ink, appearing to read 'W.T. Christiansen', written over a horizontal line.

William T. Christiansen, Ph.D.

Registration No. 44,614

QXL:jab

Enclosures:

Copy of Form PTO-1449 with missing initials

Copy of Information Disclosure Statement

Copy of PTO-date stamped postcard

Copy of Notice of Allowance

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Seattle, Washington 98104-7092  
Phone: (206) 622-4900  
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